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# **Post Deployment Medical Evaluation**

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USAMEDCOM**

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# PROCESS

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- **FORMS**
- **OCCUPATIONAL/ENVIRONMENTAL EVAL**
- **DD FORM 2796**
- **PROVIDER INTERVIEW**
- **MENTAL HEALTH**
- **REFRAD PE**
- **CHEMOPROPHYLAXIS**
- **TUBERCULIN SKIN TESTING**



# Forms

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- **DA Form 2173, Statement of Medical Examination and Duty Status**
- **DD Form 2697, Report of Medical Assessment**
- **DD Form 2766, Adult Preventive and Chronic Care Flow Sheet**



# Forms

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- **DD Forms 2795 and 2796**
  - **Pre- and Post-Deployment Health Assessment**
- **DD Form 2844**
  - **Medical Record - Post Deployment Medical Assessment**



# **DD Form 2697, DA 2173, DD 2766**

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- **DD Form 2697, Report of Medical Assessment**
  - **RC soldier pending REFRAD**
- **DA Form 2173, Statement of Medical Examination and Duty Status**
  - **Initiated by medical provider**
- **DD Form 2766, Adult Preventive and Chronic Care Flow Sheet**



# **DD Form 2795 and 2796**

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- **Both available at time of provider review**
- **Original goes in health record**
- **Copy mailed to:**
  - **Army Medical Surveillance Activity (AMSA)**
  - **Building T-20 (ATTN: MCH-TS-EDM)**
  - **6900 Georgia Avenue, NW**
  - **Washington, DC 20307-5001**



# Occupational and Environmental Illness and Injury

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- Mechanism of illness or injury depends upon the following:
- **Agent**
  - physical, chemical, biological, ergonomic
- **Route**
  - skin, respiratory, gastrointestinal,
- **Dose**
  - quantity, duration



# **Occupational and Environmental Illness and Injury**

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- **Effects may be acute or delayed**
- **Require provider to have an index of suspicion**
- **Multiple factors, unknown interactions**
- **Exposure/Agent Questions**





# **Suggested Exposure Questions**

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- **(1) Agent/exposure**
- **(2) Date and location**
- **(3) How did you determine you were exposed?**
  - **(a) Env testing - NBC Alarm/Monitor**
    - **Inhaled it?**
  - **(b) Got on Skin - Read report/Heard from others?**
  - **(c) Penetrating wound/imbedded fragment**



# **Suggested Exposure Questions**

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- **(4) How much exposure did you have?**
  - **(a) High/frequent?**
  - **(b) Med/Occasional?**
  - **(c) Low/Rare Not sure?**
- **(5) Has the exposure caused any health problems for you and/or did you see sick call for it/them?**
- **(6) Did you use protective equipment?**



# DD Form 2796

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- **Post-Deployment Health Assessment**
- **New enhanced form (includes depleted uranium on page 3, item #14)**
- **Four pages**
- **Screening function only, assessment of occupational and environmental illness and injury still require provider skills**
- **Patient name and SSN on each page**



# DD Form 2796

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- **Traditional History**
- **Oriented towards several organ systems**



# DD Form 2796

Don't Know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now		No	Yes During	Yes Now	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chronic cough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chest pain or pressure
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Runny nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dizziness, fainting, light headedness
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fever	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty breathing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Still feeling tired after sleeping
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Difficulty remembering
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Swollen, stiff or painful joints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diarrhea
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Back pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Frequent indigestion
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muscle aches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomiting
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Numbness or tingling in hands or feet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ring of the ears
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Skin diseases or rashes				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Redness of eyes with tearing				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dimming of vision, like the lights were going out				



# DD Form 2796

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- **Occupational and environmental history**
- **Targets exposure to toxic agents**
- **Many are common**
- **Quantity and combinations may be important in the future**



14. While you were deployed, were you exposed to:

(mark all that apply)

<u>No</u>	<u>Sometimes</u>	<u>Often</u>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DEET insect repellent applied to skin
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticide-treated uniforms
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environmental pesticides (like area fogging)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Flea or tick collars
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pesticide strips
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke from oil fire
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Smoke from burning trash or feces
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vehicle or truck exhaust fumes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Tent heater smoke
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JP8 or other fuels
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fog oils (smoke screen)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Solvents
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Paints
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ionizing radiation
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Radar/microwaves
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lasers
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Loud noises
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excessive vibration
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Industrial pollution
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sand/dust
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depleted Uranium (If yes, explain) _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other exposures _____



# DD Form 2844

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- **Used for patients with post deployment related complaints**
  - **Referred after evaluation on DD Form 2796**
  - **Self referred patients**
  - **Optional use in place of SF 600 for tracking post deployment evaluation.**





# DD Form 2844

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- **VS**
- **ROS**
- **Deployment history**
- **Patient concerns**
- **HPI**
- **PE**
- **Labs**
- **DX**
- **RX plan and F/U**



# Provider Interview

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- **Review form responses**
- **Positive response considerations to document**
  - **Acute illness and injury**
  - **Biological, chemical, and physical agent exposure**
  - **Ambient environment**
  - **Occupational exposure**



# Provider Interview

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- Referral - testing and consultation
- Follow-up and treatment
- Identify service member concerns
- Provide CHPPM or PDHealth Fact Sheets

<http://chppm-www.apgea.army.mil/deployment/deploymentntlinks.asp>

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# Provider Interview

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- **Must meet medical retention standards in AR 40-501, Chpt 3**
  - **If not, refer to Medical Evaluation Board/Physical Evaluation Board**



# **Mental Health Questions**

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- **The 2796 provides screening only for-**
  - **Interest in care (item 10, interview item 4)**
  - **Depression (item 11)**
  - **Suicidal ideation (item 11c)**
  - **Post-traumatic stress (item 12)**
  - **Aggressive ideation (item 13)**



7. Did you see anyone wounded, killed or dead during this deployment?

(mark all that apply)

☐ No ☐ Yes - coalition ☐ Yes - enemy ☐ Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

☐ No ☐ Yes ( ☐ land ☐ sea ☐ air )

9. During this deployment, did you ever feel that you were in great danger of being killed?

☐ No ☐ Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

☐ No ☐ Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None Some A Lot

- |                       |                       |                       |  |
|-----------------------|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Little interest or pleasure in doing things                                |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Feeling down, depressed, or hopeless                                       |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Thoughts that you would be better off dead or hurting yourself in some way |

Reset

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DD FORM 2796, APR 2003

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

No

Yes

☐☐

Have had any nightmares about it or thought about it when you did not want to?

☐☐

Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

☐☐

Were constantly on guard, watchful, or easily startled?

☐☐

Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No

Yes

Unsure

☐☐☐

You may have serious conflicts with your spouse, family members, or close friends?

☐☐☐

You might hurt or lose control with someone?



# **Mental Health Questions**

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- **Pay particular attention to:**
  - **Items 10-13**
  - **A desire for assistance (item 10)**
  - **Concerns about self harm (item 11c)**
  - **Use of “a lot”**
  - **Three or more of the acute/post-traumatic stress items (item 12)**
  - **Any concerns over loss of control (item 13)**





# Mental Health

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- **Behavioral mental health personnel should be present or on-call**
- **Chaplin should be available or on-call**



# **Health Risk Communication**

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- **Do not take their mistrust or apprehension personally**
- **Do not discount or minimize their concerns**
- **Document all concerns**
- **Study CHPPM or PDHealth Fact Sheets on probable disease risks**



# REFRAD/Separation PE

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- **Physical exam and vital signs**
  - pelvic and pap not required
- **Dental by provider (not problems)**
- **Tests**
  - **HIV - (redeployment serum)**
  - **HCT/HGB**
  - **UA - albumin, sugar**
  - **Vision**
  - **Audiogram**
  - **EKG only if clinically indicated**



# REFRAD/Separation PE

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- **Over- 40**
  - **PSA**
  - **Male rectal/prostate and occult blood**
  - **Cholesterol**
  - **Chest x-ray**
  - **UA - specific gravity and microscopic**
  - **FBS**
  - **EKG**



# Medications

**(only for those receiving anti-malarial treatment in theater)**

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- **Post-deployment anti-malarial medications**
  - **Mefloquine 250mg once a week for 4 weeks, OR**
  - **Doxycycline 100 mg once a day for 28 days**
  - **PLUS**
  - **Primaquine 15mg once a day for 14 days**



# Tuberculin Skin Testing

Only for those deployed OCONUS

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- Requires two testing periods
- **First** at time of Demobilization
- **Second** 3-6 months later
  - Responsibility of Army Reserve Readiness Command & and Army National Guard State Surgeons
  - Must be recorded in MEDPROS
- PPD, intradermal injection that must be examined (read) by a trained person **48-72 hours** after given
- Positive PPDs are referred to preventive medicine

